

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2015
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a biennial construction survey done by Bob Getchell on June 24, 2015. This facility was first licensed as a FCH facility for Five (5) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on July 30, 2009. Based on this we are requiring the home to be in compliance with the 2005 Rules 10A NCAC 13G for the Licensing of family care homes, and, the 2009 North Carolina State Building Code; Section 421.2 Residential Care Home's. Deficiencies were noted which will require a new plan of correction.	C 000		
C 101	Existing Licensed-No Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2015
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the building fire alarm system was not installed in accordance with the Rules in effect when first licensed Findings include: There is no heat detector or sounding device in the attic 2. Based on observation, the building sleeping rooms were not maintained safe in accordance with the Rules in effect when first licensed. Findings include: The staff bedroom has no window or door for egress directly to the outside of the building in an emergency	C 101		
C 136	Bathroom-Nonskid In Tub/Showers SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (f) Nonskid surfacing or strips must be installed in showers and bath areas. This Rule is not met as evidenced by: 1. Based on observation, the bathroom shower floor was not maintained safe. Findings include: The right shower has no mat or strips for skid prevention	C 136		
C 143	Corridor-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and	C 143		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2015
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 143	Continued From page 2 other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having corridors obstructed. Findings include: a) The kitchen corridor door, in the path of egress, is blocked by locking hardware which could prevent egress in an emergency. b) The Living Room corridor door, in the path of egress, is blocked by locking hardware which could prevent egress in an emergency.	C 143		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the building floors were not maintained safe and present a trip hazard. Findings include: There are damaged floor coverings in the following locations: a) Living room floor has a hole and shows wear. b) The Dining room floor has a hole c) The back left bedroom has broken tile in front of the closet	C 152		
C 168	Fire Extinguishers	C 168		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2015
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 168	Continued From page 3 SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10	C 168		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Based on observation, the porch guardrails	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2015
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	<p>Continued From page 4</p> <p>were not maintained safe.</p> <p>Findings include: The back porch guardrail has broken loose on the left end.</p> <p>2. Based on observation, the building exterior components were not maintained.</p> <p>Findings include: a) The wood on the 2 bay windows in the front is rotten. b) The wood soffit on the back of the house is rotten c) The electrical service drop has pulled loose from the building and is being supported by a shutter d) The meter base is pulling loose from the building e) The electrical disconnect for the HVAC unit is pulling loose from the building</p> <p>3. Based on observation, the building plumbing components were not maintained safe.</p> <p>Findings include: The back left bathroom has a toilet coming loose from the floor</p> <p>4. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. This could affect a residents privacy.</p> <p>Findings include: The following doors have issues: a) The back right bedroom door scrubs frame, b) The front right bedroom door has no door knob</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fcI041076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2015
NAME OF PROVIDER OR SUPPLIER EMANUEL HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 180	Continued From page 5	C 180		
C 180	<p>Building Service Equipment-Call System</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the call system was not maintained operable.</p> <p>Fidings include: The call system is not working.</p>	C 180		